MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
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TOTAL IND.	1					
TOTAL DEP.	17					
TOTAL CLAIMS	18					

		IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.							
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TOTAL CLAIMS							